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FACSIMILE COVER SHEET

TO: Examiner Barry W. Taylor
U. S. Patent & Trademark Office
Group Art Unit 2643

FROM: Frank L. Cire, Reg. No. 42,419

RE: U.S. Application No. 10/054,908
Atty. Docket No.: 03560.02989

FAX NO.: (571) 273-8300

DATE: April 10, 2006

NO. OF PAGES: 20
(including cover page)

TIME: 4:13 pm.

SENT BY: Dawn Mangino

MESSAGE**Attachments:**

Transmittal; and
Amendment And Statement Of Substance Of Interview.

Certificate of Transmission

I hereby certify that this correspondence is being facsimile
transmitted to the Patent and Trademark Office on:

April 10, 2006
Date

Signature

Frank L. Cire. (Reg. No. 42,419)
Name of person signing certificate

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In re Application of:

Docket No. 03560.02989

MOTONORI SANO

APR 10 2006

Application No.: 10/054,908

Examiner: Barry W. Taylor

Filed: January 25, 2002

Group Art Unit: 2643

For: METHOD FOR PROVIDING ADDITIONAL
SERVICE BY A COMMUNICATION COMPANY

Date: April 10, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment And Statement Of Substance Of Interview in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 33	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 8	MINUS	*** 8	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180 ^o /\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Frank L. Cire
Attorney for Applicant
Registration No.: 42,419

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Form #120

CA_MAIN 111845v1

APR 10 2006

03560.002989

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
MOTONORI SANO) Examiner: Barry W. Taylor
Application No.: 10/054,908) Group Art Unit: 2643
Filed: January 25, 2002)
For: METHOD FOR PROVIDING)
ADDITIONAL SERVICE BY)
A COMMUNICATION)
COMPANY) March 10, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND STATEMENT OF SUBSTANCE OF INTERVIEW

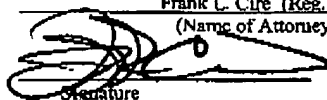
Sir:

In response to the Office Action dated January 10, 2006, please amend the
above-identified application as follows.

I hereby certify that this correspondence is being transmitted via facsimile
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450, (571) 273-8300, on

April 10, 2006
(Date of Deposit)

Frank L. Cire (Reg. No. 42,419)
(Name of Attorney for Applicant)



April 10, 2006
Date of Signature